**Chinook’s Edge School Division #73**

APPROVAL FOR CENTRAL OFFICE SUB COSTS

**Date:** Tuesday April 17th, 2012

# **Name of Inservice:** AISI Meeting

# 

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **School** | **Substitute**  **Teacher** | **Time Required** |
|  |  |  |  |

# Approved by: Lissa Steele

Associate Superintendent, Learning Services

G/L Code **5 112 370 230**

Teacher’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Central Office Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lissa Steele, Associate Superintendent, Learning Services

## NOTE

## **NOTE**

**THIS FORM WILL NOT BE PROCESSED UNLESS IT IS FILLED OUT COMPLETELY, AND CORRECTLY.**

PLEASE ATTACH THIS COPY TO THE GREEN SUB TIMESHEET FOR SUBMISSION.

**ENSURE THAT THE G/L CODE IS CLEARLY TRANSFERRED ONTO THE TIMESHEET.**

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